

This is to provide clarification on Service Authorization Requests (SARs) of AOPD's until Numbered Letter 17-1199 is revised.

HCPCS Code Z5999 is now used for all AOPD authorizations regardless of payor source. E1399 is no longer used for AOPD's.

For clients who have Medi-Cal, full scope, no share of cost, the SAR is authorized as an EPSDT Supplemental Service SAR. The prefix of the SAR is "91" instead of "97". Follow the instructions in <u>Section 12 of the CMS Net Web Users Guide and Reference Manual</u> for those clients.

Choose number 13 of the "Special Instructions" drop down list; which states:

"DME 'By-Report' items: Model/Number: Manufacturer: Other: Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Manufacturer's purchase invoice and the MSRP (a catalog page); 3. Item description; 4. Manufacturer name; 5. Model number; 6. Catalog number."

For those claims being authorized as an EPSDT SS benefit, in addition to #13 of the "Special Instructions" drop down list, the SAR should also include #20, which states:

"EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item/ service. Include pricing attachment, if appropriate. "

In addition, instruct the provider to submit the claim with attachments directly to EDS.

For more information on the "Special Instructions" please refer to <u>Section 27 of the CMS NET Web Users Guide and Reference Manual.</u>

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